

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

RECEIPTED VALUE RECORD

_____ CORRECTIONAL FACILITY

The below described article(s) were received through the package room for:

Incarcerated Individual Name: _____ DIN: _____

<u>Description of Article(s) (Serial #, if avail.)</u>	<u>Received Value*</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I certify that the value of each article identified above is its true value as stated in the receipt(s) I have provided or that accompanied the package, and as transcribed on this form. In addition, I do for myself, my heirs, executors, administrators and assigns, release and discharge the State of New York, its officers, agents, and employees from any claim exceeding the value stated herein when such loss, damage, or theft arises wholly or in part through the negligence of the State of New York.

Incarcerated Individual Signature

Date

DIN

Package Room Officer

*Received value shall not include tax or shipping and handling costs. Value may not exceed established Departmental limits per article.

Original – Package Room
File Duplicate –
Incarcerated Individual